

## PROJECT DRAWDOWN REQUEST STATE OF CALIFORNIA HOME PROGRAM

Contractor Name: \_\_\_\_\_

HOME Contract Number: \_\_\_\_\_-HOME-\_\_\_\_\_

State Recipients are required to identify, at least once per month, their undisbursed balance of Program Income/Recaptured funds ("Balance"). Please provide the following information:

a) Date of Balance: \_\_\_\_\_, b) Balance (if Balance is zero enter 0, do not leave blank): \$\_\_\_\_\_.

Please include only HOME projects funds (Funding Source Codes 01, 02, 04 05, and 11) on this request. Report funds rounded to the nearest dollar (no cents), and do not request less than \$100 unless it is your final drawdown request. Do not include program administrative funding. If the project was set up without tenant/owner name(s), please include the name(s) on this form for inclusion into the Department's records.

Funding Source Code	Funding Source Description	Amount
01	HOME Funds -	\$
01	HOME Funds -	\$
11	HOME Funds – Activity Delivery Costs (State Recipients Only)	\$
	Other HOME FUNDS (Fiscal Use only)	\$
	Beginning Available Project Balance (less any previous drawdown requests)	\$
	Less this Request.	
	Project Balance	\$

HUD Activity Number: _____ UOG Code: _____ Grantee Activity Number: M _____ - ____		Drawdown Request Number: _____	
For TBRA, Number of Tenants Assisted: _____		Final Draw?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For other than TBRA Project: _____ Owner Name: _____			
Project Address: _____			

Payee Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STATE OF CALIFORNIA HOME PROGRAM  
PROJECT DRAWDOWN REQUEST

## Certification

Contractor Name: \_\_\_\_\_

Standard Agreement Number: \_\_\_\_\_-HOME-\_\_\_\_\_

Grantee Activity Number: M\_\_\_\_\_ - \_\_\_\_

This **certifies** to the following with respect to the above-named project:

1. that an inspection has been made of the above-identified project for which construction progress payments are requested or for which an inspection is otherwise required;
2. that a record of such inspection is being maintained in the project's permanent file;
3. that to the best of my knowledge this report is true in all respects;
4. that **all funding sources and amounts reported herein have been expended or will be expended at the time the requested HOME Program funds are disbursed** in accordance with the above-numbered Standard Agreement;
5. that **the work for which payment is being requested has been completed and the costs have been incurred**;
6. that all construction contractors and subcontractors being paid with the proceeds of this drawdown are licensed and in good standing with the California State Contractor's License Board, and are not listed on the Federal Consolidated List of Debarred, Suspended, and Ineligible Contractors;
7. that there are no mechanics liens recorded against the project from previous drawdowns;
8. that I am specifically authorized to sign documents of this nature for the HOME Program on behalf of the State Recipient/CHDO. Proof of such authorization was submitted was submitted to the Department prior to this drawdown request or is attached to this request.

\_\_\_\_\_  
Name\_\_\_\_\_  
Title\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. Retain a copy and mail the original to:

**Department of Housing and Community Development**  
HOME Program  
1800 3<sup>rd</sup> Street, MS 390-3  
P.O. Box 952054 Sacramento, CA 94252-2054